GEOH

YOUR GUIDE TO NORTH CAROLINA WAIVERS

EVERYTHING YOU NEED TO KNOW ABOUT NORTH CAROLINA WAIVERS AND THE APPLICATION PROCESS!

(317) 455-3218 https://geoh.app

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Chapter 1
Waiver Overview

Medicaid waivers are an essential tool for home care agencies, providing the opportunity to offer care and specialized services to individuals in need. These waivers are part of Medicaid programs, designed to help individuals who meet specific criteria access care in their homes or community settings instead of institutional care. For agencies, understanding and utilizing these waivers is a game-changer. It enables them to grow, expand their services, and provide care to a broader customer base.

What Are Waivers?

North Carolina waivers are programs that waive certain Medicaid requirements, making it possible for individuals to receive tailored care services in non-institutional settings. These waivers cover a range of care options, enabling individuals to maintain independence while accessing the support they need.

How Do Waivers Benefit Agencies?

Increase Your Customer Base

By offering services under several waiver programs, your agency can reach a broader audience, meeting the unique needs of diverse clients. Each waiver provides specific types of care, giving you the opportunity to tailor service offerings and expand your customer base.

Diversify Your Services

Waivers make it easier to provide specialized care, ranging from assisted living to developmental disability support. This flexibility not only enhances your agency's service capability but also sets you apart from competitors.

Chapter 1

How Do They Work?

North Carolina currently uses several Medicaid waiver programs to support different populations. Many North Carolina waivers have waitlists, which can take months or even years in some cases to get in. It is important to apply early.

Who Manages Them?

Waivers are typically managed through local MCO's or Tailored Plans. This means waivers are not managed directly through the state. Agency owners must be credentialed through an MCO to provide services for NC waivers.

Home & Community-Based Waiver

- HCBS waivers provide services to eligible individuals as an alternative to institutional care (nursing facilities or hospitals).
- Each waiver's services are tailored to specific populations, offering flexibility in how care is delivered
- There are four HCBS Waivers that North Carolina offers

Chapter 2

NC Innovations Waiver

The NC Innovations waiver covers a wide range of services for children and adults with intellectual or developmental disabilities (I/DD). This may include autism, cerebral palsy, Down syndrome, traumatic brain injury (if the injury occurred before age 22) and other conditions.

NC Innovations waiver covers HBCS such as:

- Help with daily activities at home and in the community
- Changes to make your home and care accessible, like ramps or a lift
- Assistive technologies, like communication devices
- Job coaching
- Consultations from an I/DD specialist
- Crisis services
- Support for caregivers

Eligibility

1. Have an intellectual or developmental disability or related condition
    a. Includes autism, cerebral palsy, Down syndrome, epilepsy, fetal alcohol spectrum disorder, TBI, and more.
2. Need a lot of support, now and in the future
    a. Daily activities such as bathing, dressing, cooking or working.

NC Innovations Waiver

How to Apply for Clients

How to Apply

1. **Find the Local Management Entity/Managed Care Organizations (LME/MCO) that serves your county.** Use the LME/MCO directory or call the Divisions of Mental Health, Developmental Disabilities, and Substance Use Services Customer Service Team at 1-855-262-1946.
2. **Call and ask to apply for the NC Innovations waiver.** The application used to be called the “Registry of Unmet Needs application”, and they may refer to it under that name
3. **They will guide you through the process.** Based on your specific situation, they may ask for other documentation, like medical records

LME/MCOs

- Alliance Health, 1-800-510-9132, TTY: 711 or 1-800-735-2962
- Partners Health Management, 1-888-235-4673, TTY: 711
- Trillium Health Resources, 1-877-685-2415, TTY: 711
- Vaya Health, 1-800-962-9003, TTY: 711

Who can apply:

- Anyone can apply regardless of age, insurance, or income
- Even if you have private insurance, you may still apply
- You do not have to have NC Medicaid to apply

NC Innovations Waiver

How to Apply for Clients

If your clients are on the waitlist:

- **Keep your contact information updated.** If you moved or changed phone numbers, tell your LME/MCO so they can contact you when a slot is available.
- **Tell your LME/MCO if your needs have increased since you applied.** People who have extraordinary circumstances or emergencies may be eligible to skip the waitlist.

Waitlist organization

Each waitlist is organized by county and date of application. People who have been on the waitlist the longest will usually be served first.

You will be contacted when a slot is available:

Your LME/MCO will contact you by phone and mail when a slot is available for you.

How to Apply for Clients

What Happens When You Get a Waiver Slot

1. You are notified by phone or mail
    a. Your LME/MCO will try to contact you by phone or mail four times.
2. Eligibility is confirmed
    a. LME/MCO will review your eligibility for the NC Innovations waiver. This process requires an updated psychological evaluation from a doctor or licensed psychologist (completed within the last three years).
3. Someone is assigned to help you
    a. Once your documentation has been approved, a Tailored Care Manager or care coordinator will help you get started with services.
4. Services Begin
    a. After your Individual Support Plan is approved, services will begin within 45 calendar days.

Chapter 3
Traumatic Brain Injury Waiver

The NC Medicaid Traumatic Brain Injury (TBI) Waiver is available to eligible individuals age 18 and older, living in the Alliance Health Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan catchment area (Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange, and Wake counties).

Services

- Recognize and support waiver beneficiaries as active, contributing members of their communities.
- Promote rehabilitation through evidence-based and promising practices that lead to meaningful, real-life outcomes.
- Offer person-centered services that empower each beneficiary to live in a home of their choosing, pursue employment or purposeful daily activities, and achieve their personal life goals.
- Ensure all beneficiaries have opportunities to participate in shaping the services they receive.
- Provide training and guidance that strengthen natural support networks, helping beneficiaries rely less on formal service systems.
- Safeguard the health, well-being, and safety of all individuals served.
- Support beneficiaries in building self-determination, self-advocacy, and greater independence.
- Expand opportunities for community involvement through employment, education, recreation, and social engagement.
- Deliver high-quality services that continuously improve outcomes.

Chapter 4

CAP/DA

CAP/DA is a Medicaid Home- and Community-Based Services (HCBS) program authorized under Section 1915(c) of the Social Security Act. It offers a cost-effective alternative to institutional care for medically fragile beneficiaries who are at risk of placement without these supports. CAP/DA services help individuals remain in or return to their homes and communities by supplementing, rather than replacing, the formal and informal supports they already have.

Eligibility

- 18 years old and older.
- An individual who is determined to require a level of institutional care under the State Medicaid Plan.
- An individual who needs at least one or more CAP/DA home and community-based service based on a reasonable indication of need assessment that must be coordinated by a CAP/DA case manager.

Chapter 4
CAP/DA

Services

- Adult day health
- CAP In-home aide 1
- CAP In-home aide 2
- Equipment, modification and technology
- Meal preparation and delivery
- Respite services - Institutional respite and In-Home Aide respite
- Personal Emergency Response Services (PERS)
- Specialized medical supplies
- Goods and services – Participant, individual-directed, pest eradication, nutritional services, non-medical transportation and Chore services-declutter and garbage disposal
- Community transition
- Community integration
- Training, education and consultative
- Coordinated caregiving
- Case management – case management and care advisement
- Personal assistance
- Financial management
- Consumer directed services

Chapter 4
CAP/DA

What are Consumer Directed Services?

Consumer-direction is a service model that allows a CAP/DA beneficiary, or their designated representative, to serve as the employer of record and manage their own personal care services.

This includes:

- Choosing who will provide care to meet their medical and functional needs
- Recruiting, hiring, supervising, and, if needed, dismissing their personal assistant
- Setting the pay rate for their personal assistant
- Assigning work tasks based on their individual medical and functional needs

Chapter 5
CAP/C

Community Alternatives Program for Children, or CAP/C, is an NC Medicaid Home- and Community-Based Services (HCBS) program authorized under Section 1915(c) of the Social Security Act. It offers a cost-effective alternative to institutional placement for medically fragile children who are at risk of placement without these supports. The waiver helps beneficiaries remain in or return to their homes and communities by supplementing, rather than replacing, the formal and informal supports they already have.

Eligibility

- Medically fragile and medically complex children who are aged 0 through 20 years of age
- Require a level of institutional care under the North Carolina Medicaid State Plan
- Need at least one or more CAP/C home-and community-based service based on a reasonable indication of need assessment that must be coordinated by a CAP/C case manager

Chapter 5
CAP/C

Services

- Assistive technology
- Attendant nurse care
- CAP/C in-home aide services
- Care coordination
- Community integration services
- Community transition services
- Coordinated caregiving
- Financial management services
- Home accessibility and adaptation
- Goods and services (individual-directed)
- Nutritional services
- Non-medical transportation
- Pediatric nurse aide services
- Pest eradication
- Respite care (institutional and in-home)
- Specialized medical equipment and supplies
- Training, education, and consultative services
- Vehicle modification

Chapter 5
CAP/C

What Are Consumer-Directed Services

Consumer-directed services allow a CAP/C Medicaid beneficiary, or their designated representative, to serve as the employer of record and manage their own personal care.

This model includes:

- Choosing, within program guidelines, who will provide care
- Recruiting, hiring, supervising, and, if needed, dismissing a personal assistant
- Setting the pay rate for the personal assistant
- Assigning work tasks based on the beneficiary's medical and functional needs

Note: State Plan Nursing cannot be self-directed

Chapter 6

NC Section 1115 Demonstration Waiver

In December 2024, North Carolina received federal approval to renew its Section 1115 Medicaid demonstration waiver for another five years. The renewed waiver supports a whole-person, well-coordinated system of care that improves health outcomes by addressing both medical needs and non-medical drivers of health.

The waiver continues federal authority for Medicaid Managed Care and expands efforts to increase access to evidence-based substance use disorder treatment. It also allows the Healthy Opportunities Pilots, which fund services related to food, housing, and transportation, to be expanded statewide.

Additionally, the renewed waiver gives North Carolina the option to launch four new initiatives designed to streamline Medicaid enrollment for children and youth, improve care for individuals reentering the community, enhance technology for behavioral health and I/DD services, and strengthen the behavioral health and long-term services and supports workforce.

Chapter 7

How to Become a Provider

Becoming a waiver provider in North Carolina requires completing a formal enrollment process with NC Medicaid and meeting all licensing, training, and documentation requirements. Providers must enroll through the NCTracks portal, complete required Home and Community-Based Services (HCBS) training, and align with a specific Medicaid waiver program, such as NC Innovations or the Community Alternatives Program (CAP) for adults or children.

Prepare

Before applying, ensure your agency is fully established and compliant with state requirements.

This includes:

- Obtaining all required business and professional licenses, based on the services you plan to provide.
- Securing appropriate liability insurance that meets NC Medicaid standards.

Being fully prepared at this stage helps prevent delays during the enrollment review process.

Chapter 7

How to Become a Provider

Enrollment

All waiver providers must enroll through NCTracks, North Carolina's Medicaid provider enrollment system.

To enroll:

1. Access the **NCTracks Provider Portal.**
2. Complete the **online provider enrollment application.**
3. **Select** the appropriate **service type**, such as HCBS, personal care, or other waiver-specific services.

Complete Required Training

Providers must complete mandatory training before approval.

This includes:

- The **HCBS/CFC/MFP Provider Training Course.**
- Successful completion of the required **competency test.**

Proof of training completion must be submitted as part of the enrollment application.

Chapter 7

How to Become a Provider

Gather & Submit Documents

As part of the application, providers must submit supporting documentation, which typically includes:

- Proof of HCBS training completion
- Business and/or professional licenses
- Proof of liability insurance
- National Provider Identifier (NPI), if applicable

Having these documents organized and ready will help streamline the review process.

Submit and Await Approval

Once the application and all required documentation are submitted through the NCTracks portal, NC Medicaid will review the materials.

Providers may be contacted for additional information or clarification.

Approval timelines can vary, so ongoing monitoring of application status is recommended.

(317) 455-3218
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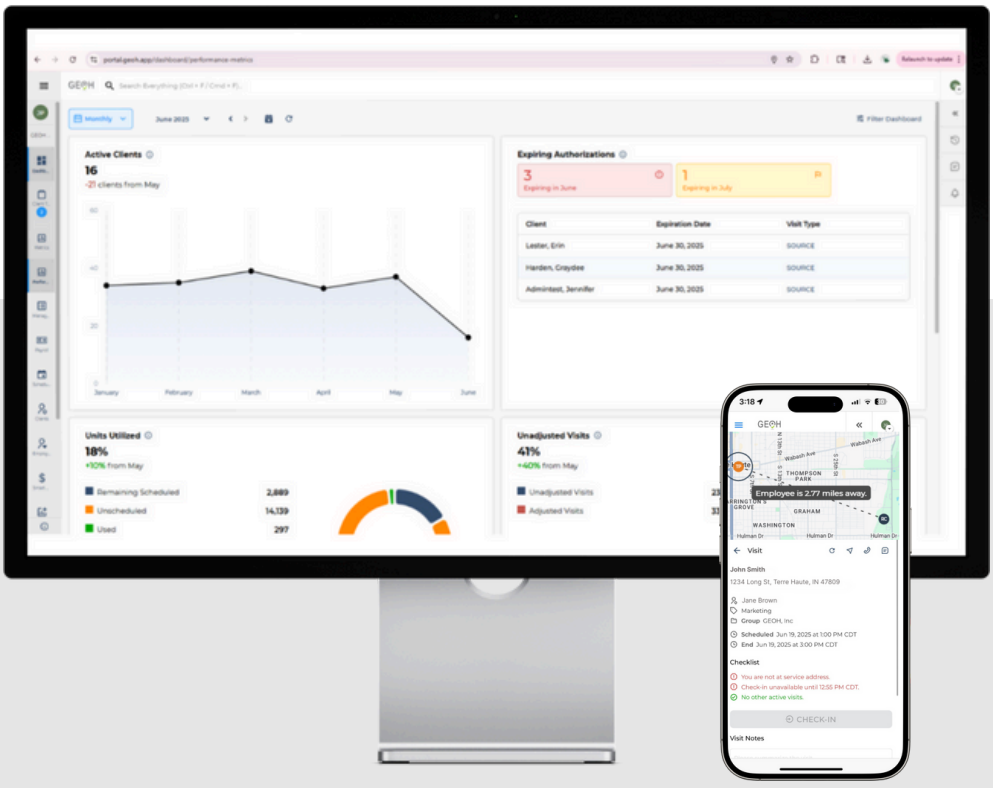
THANKS FOR READING!

We hope you found this guide helpful!

If you ever require assistance, remember GEOH is here to help!

We believe that great things are in store for your agency!

Call 317-455-3218 or book a meeting here!



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